

Indiana's Drug Endangered Child (DEC) Protocols



Created by the Indiana DEC Advisory Committee



Indiana State
Department of Health



Background

- In May of 2005, Governor Daniels called the Indiana DEC Advisory Committee together to develop and implement a statewide, coordinated response to care for Drug Endangered Children.

Background (continued)

- This multidisciplinary response, or “DEC Protocol,” would ensure that Drug Endangered Children receive protection, advocacy and support through a multidisciplinary approach.

What is a Drug Endangered Child?

- In Indiana, Drug Endangered Children are those children who are found to be living in homes: (a) with caregivers who are manufacturing methamphetamine in/around the home (“meth labs”) or (b) where caregivers are dealing/using methamphetamine and the children have access to the drug or drug residue (“meth homes”)

Why the Urgency?

- According to the Indiana State Police, law enforcement authorities seized 1,549 clandestine methamphetamine (meth) labs in 2004, up from 1,260 in 2003.

Why the Urgency? (continued)

- As of August, 2004, data from the U.S. Drug Enforcement Administration's El Paso Intelligence Center ranked Indiana 2nd in the United States in the number of meth labs seized by law enforcement, up from 4th in the nation in 2004.

How Are Children Affected?

- Chemicals used to manufacture meth pose serious dangers to children, including toxic poisoning, chemical burns, fires and explosions.
- Chemical exposure can have other health consequences, such as asthma.
- Long-term developmental consequences are likely; more research is needed.

How Are Children Affected? (cont.)

- Children are often victims of physical, sexual and emotional abuse and neglect perpetrated on them by their caretakers and the many others who frequent their drug-laden homes.
- Children may ingest meth (intentionally or unintentionally); overdose and death are possible.

Case Story:

Drug Endangered Children

- “The five children ranged in age from 1 to 7 years old. The one-bedroom home had no electricity or heat other than a gas stove with the oven door opened. Used hypodermic needles and dog feces littered areas of the residence where the children were found playing. Because there were no beds for the children, they slept with blankets underneath a small card table in the front room. The bathroom had sewage backed up in the tub, leaving no place for the children to bathe. A subsequent hospital exam revealed that all the children were infected with hepatitis C. The youngest was very ill. His liver was enlarged to the size of an adult's. The children had needle marks on their feet, legs, hands, and arms from accidental contact with syringes.[\[1\]](#) “

[\[1\]](#) Taken from a description of a case as cited in a NDIC Report, stating the living areas and physical condition of the children found in a meth lab home.

Why a Coordinated Response?

- Multiple responders often arrive at the scene wanting to help. A coordinated response is imperative:
 - To protect the safety of children and other innocent persons in and around the home;
 - To protect the safety of responders;
 - To ensure children receive comprehensive, coordinated care, support and advocacy.

Why a Coordinated Response? (cont.)

- Those who make meth often use meth, making them prone to violent behavior.
- Labs are often protected by weapons, explosive traps, and surveillance equipment.
- The chemicals used to make meth are highly volatile. Slight shifts in temperature or friction can set off fires and explosions.

Why a Coordinated Response? (cont.)

- When personnel from multiple agencies do not coordinate efforts at these complicated scenes:
 - responders may overlook children's needs or assume another agency has it covered;
 - responders fail to remove children from conditions of endangerment;
 - responders fail to gather adequate evidence to substantiate appropriate endangerment and other legal charges.

Development of Indiana's Protocol

- Governor Daniels appointed advisory committee comprised of directors/designees of 14 statewide agencies and organizations

Development of Indiana's Protocol

Indiana DEC Advisory Committee

Indiana Department of Child Services	Indiana State Police	Indiana Sheriff's Association
Indiana Association of Chiefs of Police	Indiana Criminal Justice Institute	Indiana State Department of Health
Indiana Office of the Attorney General	Indiana State Excise Police	Indiana Prosecuting Attorney's Council
Indiana Chapter of the American Academy of Pediatrics	Indiana Family and Social Services Administration	Indiana Department of Homeland Security
Riley Hospital for Children	Indiana Psychological Association	

Development of Indiana's Protocol

- Department of Child Services (DCS) designated by Governor as lead agency for project.
- DCS initiated process by creating rough DEC protocol after examining protocols from Arizona, Iowa, Illinois, Washington and California
- Examined National Protocol for Medical Evaluation of Children Found in Drug Labs
(Created by National Alliance for Drug Endangered Children).

Development of Indiana's Protocol

- Aggressive project timeline: Advisory committee met 3 times in 3 months to review and discuss protocol, finalize content.

Development of Indiana's Protocol

- **Work Teams** conducted research and discussed specialized subject matter:
 - Medical Work Team
 - Early Responders Work Team (Law Enforcement, Child Welfare, Fire, EMS)
 - Mental Health Work Team
- Meetings/phone conferences as needed in between Advisory Committee meetings.
- Recommendations were presented at Advisory Committee Meetings.

Development of Indiana's Protocol

- Additional guidance throughout process from Indiana and national experts, such as:
 - **Ron Mullins**, National DEC Training Coordinator, National Alliance for Drug Endangered Children, U.S. Department of Justice
 - **Susan Webber Brown**, Butte County District Attorney Investigator and Butte County DEC Coordinator
 - **Dr. Brent Furbee**, Medical Director, Indiana Poison Center

Detailed Project Timeline

May 2005

DEC PROTOCOL DEVELOPMENT AND UNVEILING/TRAINING	MAY																
	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T
Action Item or Milestone	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31
Identify advisory committee members, get contact info									X	X						X	
Submit request to Governor re: email to advisory members, unveiling									X	X						X	
Confirm Judge Payne's availability for unveiling welcome									X	X						X	
Determine DCS training invite list and RSVP process									X	X						X	
Approve training flyer design									X	X						X	
Schedule first advisory committee meeting									X	X						X	
Reserve meeting location									X	X						X	
Create DEC protocol "straw man"									X	X						X	
Create agenda for first advisory committee meeting									X	X						X	
Internal review of DEC protocol "straw man"									X	X						X	
Email agenda with DEC protocol "straw man"									X	X						X	
Milestone: First advisory committee meeting									X	X						X	
Send training email invite									X	X						X	
Email minutes from first advisory committee meeting									X	X						X	

Detailed Project Timeline

June 2005

DEC PROTOCOL DEVELOPMENT AND UNVEILING/TRAINING	JUNE																													
	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th			
	1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30								
Action Item or Milestone																														
Send training email invite																														
Email minutes from first advisory committee meeting																														
Milestone: Medical work team meeting																														
Schedule Mental Health work team meeting																														
Create / review agenda for second Advisory Committee meeting																														
Create and email agenda for Early Responders work team meeting																														
Milestone: Early Responders work team meeting																														
Email agenda for Advisory Committee meeting																														
Email minutes from Medical work team meeting																														
Create and email agenda for Mental Health work team meeting																														
Milestone: Second Advisory Committee meeting																														
Milestone: Mental Health work team meeting																														
Email minutes from second Advisory Committee meeting																														
Milestone: Second Medical work team meeting																														
Milestone: Second Early Responders work team meeting																														
Send email to all agency directors re: logos for protocol																														
Research and finalize medical protocol																														
Milestone: DEC protocol draft complete																														
Create agenda for third Advisory Committee Meeting																														
Email agenda																														

Detailed Project Timeline

July 2005

DEC PROTOCOL DEVELOPMENT AND UNVEILING/TRAINING	JULY															
	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
Action Item or Milestone	1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22
Email meeting reminder (with agenda, etc.)		X														
Email DEC protocol to Ron Mullins, U.S. District Att'ys Ofc		X														
Meet with Susan re: press opportunities at unveiling																
Milestone: Third advisory committee meeting		X														
Email minutes from third advisory committee meeting		X														
Governor's office reviews/approves protocol		X														
Milestone: DEC protocol finalized (approved)		X														
Create and duplicate DEC protocol handout for training		X														
Protocol unveiling / statewide DEC training		X														

Indiana's DEC Protocols

- Unveiled July 20, 2005
- Effective August 1, 2005
- Two protocols:
 - The Indiana DEC Response Protocol*
(for all on-site responders)
 - The Indiana DEC Comprehensive Care Protocol (for ongoing medical, dental, mental health, etc.)

**A copy of this protocol is in your conference packet*

Indiana DEC Response Protocol

Effective Date: August 1, 2005

Version: 1

INDIANA DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

Procedures for law enforcement, child welfare, public health, emergency medical services, fire, social services and others who respond to help children found to be living in meth labs/homes.

Drug Endangered Children are children under age 18 found to be living in homes: (a) with caregivers who are manufacturing methamphetamine in/around the home ("meth labs") or (b) where caregivers are dealing/using methamphetamine and the children have access to the drug or drug residue ("meth homes"). Both scenarios fall within Indiana's statutory definition of child abuse/neglect. Children will be removed, given necessary health care and placed with alternate caregivers, as outlined below.

A. INITIAL DISCOVERY: REMOVAL OF CHILDREN FROM OPERATIONAL METH LABS

Appropriate Responder: Law Enforcement Authority (LEA)

For the purposes of this protocol, a meth lab is considered operational when the chemicals and/or equipment used to make methamphetamine are present, regardless of whether the lab is actively "cooking" or not.

1. Only OSHA-certified LEA will enter a known meth lab. Any other responders who are in a home and begin to have suspicions that a meth lab is present will exit immediately without alarming the suspects; contact LEA (call 9-1-1); request immediate dispatch; and give details about the scene (weapons, odors, number of people inside, chemicals, equipment, etc.).
2. No one other than OSHA-certified LEA will remove adults/children from a home that contains a meth lab. This is for the safety of everyone involved; uncertified responders may inadvertently set off an explosion. The chemicals used to make meth are highly volatile. Labs are often guarded by firearms, traps, explosives and other hazards.
3. Responders will contact DCS if a family case manager is not already on the scene (call 800-800-5556 and request immediate dispatch; state that children have been found at a meth lab and state the number of children).
4. Fire departments will not use water to fight meth lab fires if explosion/fire is occurring and anhydrous ammonia and/or lithium is detected or suspected. Water will ignite these chemicals.
5. LEA will enter the lab wearing appropriate safety gear; (Refer to [OSHA Standards 1910.132-137 \(Personal Protective Equipment\)](#) secure the scene; and remove adults and children from home.
6. No clothing (other than what the children are wearing), toys, food or drink will be removed from the home as these items are likely contaminated. If medications and eyeglasses must be removed, place in a sealed bag.
7. LEA will determine if the children live in the home. Visiting children who are not under the care and custody of an adult living in the home or in the home at the time of the bust are not considered victims of child abuse/neglect. These children should be reunited with their caregivers unless juvenile charges will be pressed (defer to LEA). Caregivers should be given details of children's possible chemical/drug exposure and advised to seek appropriate health care for children.

B. INITIAL DISCOVERY: REMOVAL OF CHILDREN FROM HOME WHERE ACCESS TO METH

Appropriate Responder: LEA, and if LEA gives clearance, additional responders

1. Any responder who discovers children living in a home where meth is being used/dealt and where the children have access to the drug or drug residue will contact LEA (call 9-1-1) and DCS (800-800-5556) and request dispatch to the scene.

Indiana DEC Comprehensive Care Protocol

Effective Date: August 1, 2005

Version: 1

INDIANA DRUG ENDANGERED CHILDREN (DEC) COMPREHENSIVE CARE PROTOCOL

To be administered by medical, mental health, developmental and dental professionals after a child has been removed from a meth lab/home to assure the child's physical, emotional, and developmental well-being.

Drug Endangered Children are children under age 18 found to be living in homes: (a) with caregivers who are manufacturing methamphetamine in/around the home ("meth labs") or (b) where caregivers are dealing/using methamphetamine and the children have access to the drug or drug residue ("meth homes"). Both scenarios fall within Indiana's statutory definition of child abuse/neglect. Children will be removed, placed with alternate caregivers, and given necessary health care as outlined in this protocol. See also related protocol, "[Indiana DEC Response Protocol](#)."

For information on coverage of health care charges for DEC children, see [Indiana DEC Health Coverage Guide](#).

	Procedure Name	Timing
A	PRELIMINARY MEDICAL ASSESSMENT (For child with obvious critical injury or illness, bypass this assessment and transport immediately to a medical facility) The onsite assessment is done to determine whether children discovered at the scene are in need of Emergency Care (Procedure B). Medically trained personnel (e.g. EMT or paramedic) must do the assessment. If no medical personnel are available at the scene, the child must be taken to a medical facility for this assessment. In either case, a medical assessment should be done for each child within 2 hours of discovering children at a meth home. <ol style="list-style-type: none"> Perform medical assessment consisting of: <ul style="list-style-type: none"> Vital signs (temperature, blood pressure, pulse, respirations) Pediatric Triangle of Assessment (Airway, Breathing, Circulation) For life-threatening findings, seek immediate medical attention. Transport to a facility capable of pediatric emergency response appropriate to findings. Refer to Indiana DEC Response Protocol Procedure E for information about removal of child's clothing, decontamination of child's skin, etc. If there are no pressing clinical findings, short-term shelter or other secure placement should be implemented by Indiana Department of Child Services (DCS) Family Case Manager (see Indiana DEC Response Protocol Procedure H).	Ideal: Immediate No later than: 2 hours after removal from meth lab/home

Early Feedback

- 200 Family Case Managers responded to survey.
- Approximately 75% okay with protocol as written; 25% confused and/or have concerns about portions of protocol.
- Approximately 50% said more awareness, “buy-in,” resources, training and supplies needed before protocol can be truly effective.

Early Feedback

Confusion, Concerns

- FCMs are afraid of and/or don't fully understand the process of decontaminating children that have been removed from meth labs.
 - *(Decontamination involves preliminary decontamination at the scene – clean skin with wet wipes if possible, otherwise wrap blanket or oversized sweat suit over existing clothing before transporting – followed by bathing offsite in warm, soapy water)*

Early Feedback

Confusion, Concerns (cont).

- FCMs are afraid of transporting children who have been removed from meth labs in their personal vehicles. Concerned their own children will then be at risk of harm from chemical residue.
- FCMs want more information on the long-term effects of exposure to the chemicals used to make methamphetamine.

Early Feedback

- Other agencies perceive this is child welfare policy, not a multi-agency protocol.
- In small, rural counties, local police are not waiting until OSHA-certified State Police personnel arrive – they are entering lab and conducting seizure without State Police. This contradicts the protocol. More discussion may be needed regarding this issue.

Next Steps for Indiana's DEC Protocols

- DEC advisory committee to review protocols for potential clarifications based on early feedback received.
- Print laminated protocols and distribute statewide to all responders (law enforcement, child welfare, fire, EMS, prosecutors, pediatricians and ER doctors, local health departments, school truancy officers, etc.)

Next Steps for Indiana's DEC Protocols

- Along with protocols, distribute disposable emergency blankets to law enforcement, child welfare, fire and EMS. Blankets are cost-effective option for wrapping children before transport.
- Find funds to purchase and distribute disposable gloves and wet wipes to child welfare and additional responders who don't have access to these items.

Next Steps for Indiana's DEC Protocols

- Additional statewide training needed for all responders.
- Advocacy by agency leaders at all levels needed to encourage support for protocols.

For more information

- Visit www.in.gov/dcs/policies/dec.html or www.methfreeindiana.org
 - Download copies of both protocols
 - Additional resources, including Health care payment codes for DEC
- This project part of a larger initiative, Meth-Free-Indiana. For more information, visit: www.methfreeindiana.org

Closing

Questions?